

Executive Development

Developing a Standard Operating Guideline on Critical Incident Stress Management  
for the Odessa Fire Department

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August 2008

### CERTIFICATION STATEMENT

I hereby certify that this paper constitutes my own product, that where the language of others is set forth, quotation marks so indicate, and that appropriate credit is given where I have used the language, ideas, expressions, or writings of another.

Signed: \_\_\_\_\_

### Abstract

The problem was the Odessa Fire Department (OFD) did not have a written Standard Operating Guideline (SOG) that outlined a Critical Incident Stress Management (CISM) plan.

The purpose of this applied research was to examine the components of other CISM plans and to develop an SOG for the OFD. Action research was used to answer the following questions:

1. What are the most commonly used components of a CISM plan used in the fire service?
2. Which factors should be considered when determining the activation process for crisis intervention services?
3. Based on the findings from the action research conducted above, which components and factors should be included in a CISM plan for the OFD?

The procedures and reference materials used to complete this research included literature review, internet search, review of CISM student manuals, and review of CISM plans from other fire departments. The result of this ARP was the development of an SOG that outlined a CISM plan uniquely customized for the OFD. The recommendations for the OFD were to review and accept this new standard operating guideline and use it to improve the activation process for contacting the Permian Basin CISM Team for future crisis intervention services.

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## Developing a Standard Operating Guideline on Critical Incident Stress Management for the Odessa Fire Department

### Introduction

Everly and Mitchell (2001) noted that people who respond to emergencies encounter highly stressful events almost every day. Sometimes an event is so traumatic or overwhelming that emergency responders may experience significant stress reactions. Critical Incident Stress Management (CISM) represents an integrated "system" of interventions which is designed to prevent and/or mitigate the adverse psychological reactions that so often accompany emergency services, public safety, and disaster response functions. CISM interventions are especially directed towards the mitigation of post-traumatic stress reactions. The Critical Incident Stress Debriefing (CISD) process is specifically designed to prevent or mitigate the development of post-traumatic stress among emergency services professionals.

The problem was the Odessa Fire Department (OFD) did not have a written Standard Operating Guideline (SOG) that outlined a Critical Incident Stress Management (CISM) plan. Everly and Mitchell (2003) argue that a CISM plan has been known to help reduce the effects of critical incident stress encountered during and after emergency calls. The purpose of this research is to examine the components of other CISM plans and develop an SOG for the OFD as part of a CISM plan. Action research was used to answer the following questions:

1. What are the most commonly used components of a CISM plan used in the fire service?
2. Which factors should be considered when determining the activation process for crisis intervention services?
3. Based on the findings from the action research conducted above, which components and factors should be included in the CISM plan for the OFD?

## Background and Significance

### City of Odessa

Odessa is located in West Texas with a population of almost 100,000 that covers about 38 square miles. Odessa is the hub of Ector County with a population of almost 140,000 that covers about 904 square miles. The city is intersected by Interstate 20 and Highway 385 and encircled by Loop 338. These three major roadways not only carry high volumes of local traffic, but also include an increased volume of traffic on Interstate 20 that stretches from West Texas to South Carolina. (City of Odessa, 2007)

Odessa has a sister-city that is only 15 miles to the east called Midland. Because of our remote location in the vast land of West Texas, both Odessa and Midland assist one another with first responder duties through the use of mutual aid agreements. Various other agreements between both cities have allowed Odessa and Midland to grow in both economy and demographics, thus resulting in an increased demand for public safety services.

### Odessa Fire Department

The Odessa Fire Department employs 165 full time employees. Of these 150 are full time paid firefighters, working a 3-platoon system. The total number of firefighters currently employed consists of 38 Licensed Paramedics, 66 Certified Paramedics, 25 Certified EMT's and 23 Certified ECA's. Firefighters work a 24-hours on and 48 hours off shift. The Odessa Fire Department has been the emergency medical service provider for the City of Odessa and Ector County since 1973. The Odessa Fire Department provides both fire response and emergency medical services to Odessa, including mutual aid fire response and emergency medical services to the following surrounding towns in Ector County; West Odessa, Gardendale, Goldsmith, Penwell, and Notrees. The Odessa Fire Department currently operates seven Mobile Intensive

Care Unit (MICU) Ambulances and eight Advanced Life Support (ALS) Fire Engines. The Odessa Fire Department responded to over 15,000 emergency calls in 2007. (City of Odessa, 2007)

The Odessa Fire Department is equipped with eight (8) engines, three (3) of which are quints. All eight engines are staffed with four personnel. A minimum of one paramedic is required for each crew. All are ALS equipped and are first responders on EMS calls. The department runs five full time ambulances, staffed with a minimum of two personnel. The fire department houses a specially equipped Hazardous Materials Response Unit and a trained response team. There are currently 91 Firefighters at the Haz-mat Technician level. In addition, we also have a high angle, confined space and water rescue team with an equipped response unit. Support equipment includes a light and air truck, a mass casualty trailer and a delivery vehicle. For the purpose of wild land fire fighting the OFD maintains two (2) tankers each carrying 2900 gallons of water and a foam system. Two (2) reserve engines and two (2) reserve medics are available if needed. (City of Odessa, 2007)

The call volume of the OFD has increased over the last few years reaching a total of over 15,000 emergency responses in 2007. This increase workload indicates the likelihood of OFD personnel being impacted by critical incident stress on a daily basis. The effects of cumulative stress encountered in critical incidents could affect OFD personnel in many different ways which could lead to “burnout”, unemployment, PTSD, and even death.

The examination of other CISM plans used to develop a SOG will allow OFD personnel the opportunity to better understand the procedures of working through and dealing with critical incident stress. This ARP supports three key factors important to the fire service. First, most fire departments from across the nation share a common mission which is to save lives, protect

property, and mitigate an incident. Next, one of the United States Fire Administrations (USFA) operational objectives is to “appropriately respond in a timely manner to emergent issues ” (USFA, 2008). Last, the Executive Development course offered in its Executive Fire Officer Program (EFOP) explored one of the basic fundamentals of success, known as “Teamwork.” In order to save lives of firefighters, the issue of critical incident stress must be managed efficiently through the use of teamwork from management and personnel.

The most recent traumatic incident that brought significant attention for the need to assist first responder personnel in handling reactions to emergency incidents occurred on September 9, 2007. The Odessa American newspaper reported that both fire and police departments in Odessa responded to an emergency call resulting in a tragic incident where two police officers were shot and killed in the line of duty and another police officer was badly wounded after being shot, but died a few days later. Following this event the Permian Basin CISD Team conducted a Critical Incident Stress Debriefing (CISD) to help OFD personnel work through this traumatic event.

### Literature Review

The purpose of this literature review is to accumulate and disseminate information that others have compiled which will support the research questions in this ARP. The intent was to review the most commonly used components of CISM plans used by other fire departments from across the nation. This information will be the basis for the development of an SOG that will aid with the activation process for future crisis intervention services for the OFD.

Jeffrey Mitchell, Ph.D., has defined a critical incident as:

*Any situation faced by emergency service personnel that causes them to experience unusually strong emotional reactions which have the potential to interfere with their*

*ability to function either at the scene or later. All that is necessary is that the incident, regardless of the type, generates unusually strong feelings in the emergency workers.*

Raphael (1986) suggests the effects of trauma are not limited to those affected directly by the events. Others may also suffer indirect effects from trauma--referred to as "vicarious" or "secondary" traumatization. Those at risk include spouses and loved ones of trauma victims, people who try to help victims, such as police or firemen, and health care professionals who treat trauma victims, such as therapists and emergency room personnel, as well as journalists. He also supported the use of a broader spectrum approach of multicomponent crisis intervention, especially for utilization with emergency response personnel. But it was Mitchell (1983) who first suggested that a multicomponent crisis intervention program should be utilized with the potential secondary victims and trauma, e.g., emergency services personnel.

Initially, the multicomponent approach to crisis intervention was generically referred to as Critical Incident Stress Debriefing (CISD) and collectively included interventions such as individual crisis support techniques, pre-crisis education, a 3-step immediate small group discussion call defusing, a 7-step more structured group discussion call formal CISD, and follow-up psychological services. Mitchell (1988) later expanded this multicomponent crisis intervention approach to include mental preparation and a psychological decompression technique called demobilization for very large groups which is used after mass disasters.

Everly and Mitchell (1999) define CISM as a comprehensive, integrative, multicomponent crisis intervention system. CISM is considered comprehensive because it consists of multiple crisis intervention components which span both the temporal and functional spectra of a crisis. CISM interventions range from the pre-crisis phase, through the acute crisis phase, and into the post-crisis phase. CISM is also considered comprehensive in that it consists of interventions

which may be applied to individuals, small functional groups, large groups, families, organizations, and even entire communities. The 7 core components of CISM are defined below:

1. Pre-crisis preparation. This includes stress management education, stress resistance, and crisis mitigation training for both individuals and organizations.
2. Disaster, terrorist, or other large scale incident interventions, including but not limited to:
  - a) demobilizations for emergency response personnel, b) crisis management briefings (CMB) for school, corporate, and general civilian populations, c) “town meetings,” and d) incident command staff advisement.
3. Defusing. This is a 3-phase, structured small group discussion provided within hours of a crisis for purposes of assessment, triaging, and acute symptom mitigation.
4. Critical Incident Stress Debriefing (CISD) refers to the “ICISF model” (Mitchell & Everly, 1996) 7-phase, structured group discussion, usually provided 1 to 10 days post crisis (3 to 4 weeks post disaster), and designed to mitigate acute symptoms, assess the need for follow- up, and if possible provide a sense of post-crisis psychological closure.
5. One-on-one crisis intervention/counseling or psychological support throughout the full range of the crisis spectrum (Everly & Mitchell, 1999).
6. Family crisis intervention, as well as, b) organizational consultation.
7. Follow-up and referral mechanisms for assessment and treatment, if necessary.

Vaughan (2006) noted the model designed by Jeffrey Mitchell evolved as a structured format for emergency personnel in an effort to decrease the likelihood of critical incident stress outcomes. The multicomponent model utilized by Mitchell has also been adopted by the International Critical Incident Stress Foundation (ICISF) and is the most widely accepted model internationally. Everly (1995) said the “primary goals of CISD are to mitigate potentially

pathogenic arousal and to assist the individual in re-establishing psychological and physiological homeostasis as rapidly as possible after participating in a critical incident” (p.287).

In 1992, the Texas Department of State Health Services (DSHS) established the Texas CISM Network to assist emergency service personnel, including dispatchers, who have experienced a critical incident such as line of duty death, death of a child, multiple casualty/fatality scenes. Through the CISM process, the team will provide an organized approach to the management of stress reactions for emergency service personnel who have been exposed to, or who are showing signs of, traumatic stress experienced in the line of duty. The focus will be to minimize the harmful effect of job stress, and accelerate the recovery of those personnel who have been traumatized in these situations. (DSHS)

Rigg (1999) noted that CISM peer support resources are being made available at an increasing rate to emergency responders across the nation. She states “scientific research has shown that when CISM support is provided quickly and effectively, emergency responders have a better opportunity to make a more thorough and healthy recovery than those who are left to cope on their own” (p.46). Finney (1998) says the National Fire Protection Association (NFPA) updated its own safety standard, NFPA 1500, in 1997 with a new section to address CISM. This new standard requires the fire chief to appoint a fire department Health and Safety Officer (HSO) who is responsible for establishing a Critical Incident Stress Management (CISM) program that meets the requirements of Chapter 12 of NFPA 1500 as well as incorporated into the fire department’s member assistance program.

The Anne Arundel County Fire Department (AACFD) CISM Team has a CISM plan that will employ a wide range of pragmatic programs and timely intervention strategies with professional clinical oversight and strict adherence to the "Mitchell Model" (Mitchell & Everly,

1997). The CISM Teams intent, composition, administration and protocol are compliant with *NFPA 1500 section 10*, Critical Incident Stress, and are consistent with all aspects of employee Behavioral Health and Wellness. AACFD lists several examples that may generate the need for crisis intervention services. The CISM Team or member activation will occur only after a careful pre-deployment assessment by one of the AACFD CISM Team Senior Support Staff. AACFD also offers a CISM Peer Support Line that is staffed 24 hours a day, year round, by departmental "Peer Supporters" who are specially trained in Critical Incident Stress Management. (Anne Arundel County Fire Department [AACFD], 2008).

The Indianapolis Fire Department (IFD) has a CISM plan that utilizes a multi-dimensional approach as well as supportive services and referrals are used to assist individuals in coping more effectively with stress. The CISM plan activation process noted that any personnel may contact the CISM Team Coordinator for a one-on-one meeting for him/herself or for any other individual at any time, but only an officer may initiate the debriefing process by contacting the Incident Commander at the scene. The plan lists several examples of incidents that might result in a CISM Team response. The IFD team has a formal critical incident stress debriefing format that includes; defusing, one-on-one interventions, demobilizations, and after care follow-ups. The plan lists various CISM definitions and methods of intervention. (Indianapolis Fire Department [IFD]), 2008).

The Midland Fire Department (MFD) has a CISM plan that employs a wide range of pragmatic programs and timely intervention strategies with professional clinical oversight and strict adherence to the "Mitchell Model" (Mitchell & Everly, 1997). MFD has a departmental CISM Team that is capable of providing themselves with some intervention services. MFD does utilize defusing, peer support, and demobilization intervention services for itself; however, the

MFD will only utilize CISD intervention services from a professional entity such as the Permian Basin CISD Team. The plan lists several examples of incidents that might result in a CISM Team response. CISM Team or member activation will occur only after a careful pre-deployment assessment by one of the MFD CISM Team members. CISD participation is voluntary unless the ranking chief officer mandates required attendance. The plan lists various CISM definitions and methods of intervention. (Midland Fire Department [MFD], 2008).

The Springfield Fire and Rescue Service (SFRS) has a CISM plan that supplies examples of incidents that may be selected for debriefing. SFRS provides on-site evaluation and counseling by a debriefing team member or fire department Chaplain should when time and circumstances permit. Their procedure recommends that command should reduce exposure to stressful incidents by rotating personnel and by removing initial personnel from the scene as soon as possible. The activation process for SFRS stresses that Company Officers, Command Officers, and Debriefing Team members bear the responsibility for identifying/recognizing significant incidents that may qualify for debriefing, but only the Command Officer may initiate the debriefing process. SFRS also allows any member who feels a need for an individual, confidential, debriefing to initiate the process by contacting the Fire Chief or Debriefing Team member. Attendance to a debriefing is mandatory for all personnel who were directly exposed to the traumatic incident.

SFRS provides crisis intervention services such as scene or near-scene debriefing, initial defusing, formal debriefing within 72 hours of an incident, follow-up debriefing conducted weeks or months after an incident, and one-on-one counseling. The debriefing team for SFRS will consist of professionals in stress-related counseling as well as SFRS personnel trained in CISD. Any follow-up care will be administered by the counseling group under contract. SFRS

procedures allow the debriefing team the ability to recommend that individuals or companies be taken out of service before, during, and after a critical incident. (Springfield Fire and Rescue Service [SFRS], 2008)

### Procedures

The procedures for this ARP were initiated from preliminary research on existing material about CISM plans conducted at the National Emergency Training Center's (NETC) Learning Resource Center (LRC). Additional information began with a study of the Odessa Fire Department's past experiences when dealing with critical incident stress management and the need for an effective activation process of crisis intervention services. The review of other fire department, state (DSHS), and federal (NFPA) guidelines were used to develop an SOG for the OFD. The CISM plans reviewed for this research included Anne Arundel County Fire Department (AACFD), Indianapolis Fire Department (IFD), Midland Fire Department (MFD), and Springfield Fire and Rescue Service (SFRS).

The CISM plans reviewed were compared in areas that support Mitchell's 7 core components, definitions, activation process, OFD personnel participation, and management's responsibility towards its personnel when an incident occurs requiring crisis intervention services. As described earlier, CISM is a multicomponent approach to crisis intervention was generically referred to as Critical Incident Stress Debriefing (CISD) and collectively included interventions such as individual crisis support techniques, pre-crisis education, a 3-step immediate small group discussion called defusing, a 7-step more structured group discussion called formal CISD, follow-up psychological services, mental preparation and a psychological decompression technique called demobilization for very large groups which is used after mass disasters.

## Definition of Terms

*Critical Incident Stress Management (CISM):* A comprehensive, integrated multicomponent crisis intervention system (Everly and Mitchell, 1999). CISM consist of a set of core interventions useful for public safety applications, schools, businesses, industry, and communities. The set of core interventions are: 1) pre-incident planning/education, 2) individual crisis intervention (one-on-one), 3) defusing, 4) CISD, 5) demobilizations (for public safety, rescue, disaster personnel), 6) Crisis Management Briefing (CMB) for civilian personnel, 7) organizational consultation, 8) family crisis intervention, 9) pastoral crisis intervention, and 10) mechanisms for follow-up and referral.

*Pre-Incident Education:* Information provided to OFD personnel and their families to improve coping skills, increase awareness of symptoms of critical incident stress, suicide, depression, and anxiety that may occur as a result of involvement in a critical incident.

*One-On-One:* An individual meeting with a CISM Team member designed to return the employee to function, mitigate symptoms of stressful event(s) and/or make referrals as needed. This meeting may take place during the affected individual's tour of duty, or at any other time and place. The meeting may be initiated by an officer; however, it may come as a suggestion from a co-worker, supervisor or the individual who is affected. A CISM team member may initiate the session after learning about the incident.

*Defusing:* Similar to a debriefing, but is usually done 3-4 hours post incident or before the end of the shift (within 12 hours). All defusing(s) will be strictly confidential.

*Critical Incident Stress Debriefing (CISD):* An organized approach to supporting OFD personnel who are involved in emergency operations under conditions of extreme stress in order to assist in mitigating long term emotional trauma syndromes. The debriefing process is usually done 1-10

days post-incident, but some may take 3-4 weeks for mass disasters. All debriefings provide confidential formats in which personnel can discuss their feelings and reactions, thus reducing the stress that results from exposure to critical incidents.

*Demobilization:* A primary stress prevention and intervention technique which occurs immediately after personnel are released from a large-scale incident and before they return to their normal duties or return home. The demobilization is provided in a safe and secure environment, and is out of the view of the public and media. A demobilization is similar to a defusing but allows the affected personnel to rest and take care of immediate physical needs.

*Critical Incident:* Any situation faced by emergency service personnel that causes them to experience unusually strong emotional reactions which have the potential to interfere with their ability to function either at the scene or later.

*Facilitator:* A mental health professional, who is trained in disaster psychology, crisis intervention, stress level assessment, and the use of the formal critical incident stress debriefing model.

*Peer Leader:* Representative from the OFD of any rank, who is trained and approved by the facilitator to assist with the CISD process.

*Debriefing Team:* The debriefing team will consist of stress related counseling professionals from the OFD and Permian Basin CISM Team. The OFD member's role in the debriefing process will be to aid and support the professional counselors during the debriefing process. The counseling group will administer any follow-up care.

*Crisis Intervention:* Psychological “first aid.” As physical first-aid is to surgery, crisis intervention is to psychotherapy. The functional goals of crisis intervention are: 1) symptom

stabilization, 2) symptom reduction, 3) re-establish functional capacity, or 4) seek further assessment and/or a higher level of care, (Everly, 1999).

*Cumulative Stress:* Stress arousal that slowly builds up over time and sometimes leads to a condition of “burnout.” Cumulative stress erodes coping mechanisms.

*Post-Traumatic Stress:* A very intense arousal subsequent to a traumatic stressor that overwhelms coping mechanisms and leaves the individual out of control and feeling helpless.

## Results

*Research Question 1.* What are the most commonly used components of a CISM plan used in the fire service?

After reviewing CISM plans from other fire departments, the most commonly used components include:

- 3-step intervention process known as defusing (Mitchell, 1988);
- 7-step intervention process known as CISD (Mitchell, 1988);
- Demobilization and follow-up process;
- Examples of critical incidents that personnel may encounter;
- Definitions of CISM plan terminology (Mitchell, 1988);
- Identify who consist of the debriefing team;
- Activation process required for crisis intervention services;
- Rules that outline participation and confidentiality.

*Research Question 2.* Which factors should be considered when determining the activation process for crisis intervention services?

After reviewing CISM plans from other fire departments, some factors that should be considered when determining the activation process for crisis intervention services included:

- Identify who can activate a team after recognizing an incident that may require CISM support;
- Allow all personnel to initiate activation of the CISM team through their immediate supervisor or chain-of-command;
- Notification of communications dispatch center and department CISD Coordinator.

*Research Question 3.* Based on the findings from the action research conducted above, which components and factors should be included in the CISM plan for the OFD?

The CISM plan for the OFD should be customized to meet the needs of all departmental personnel. The plan components and factors should include:

- A plan purpose statement;
- A plan objective;
- Examples of incidents that may result in a CISD Team notification;
- Activation process;
- Debriefing general format;
- Rules during debriefing;
- CISM terminology and definitions;
- A CISD plan including follow-up debriefing.

#### Discussion

This research project indicates a need to develop an SOG that addressed a CISM plan that will support future crisis intervention services for the OFD. Several fire departments from across the nation have adopted the new NFPA standard that requires the fire chief to appoint a fire department Health and Safety Officer (HSO) who is responsible for establishing a Critical

Incident Stress Management (CISM) program that meets the requirements of Chapter 12 of NFPA 1500, as well as incorporated into the fire department's member assistance program.

Cohen (1998) noted that a common theme among leaders is to take care of their personnel, and the personnel will take care of their leaders. Hokanson and Wirth (2000) mention that a means of taking care of personnel is to attend to their psychological as well as physical well-being. Firefighters engage in a high-risk job that is inherently psychologically stressful. The effects of unresolved stress can lead to decreased productivity, posttraumatic stress disorder, and, in some cases, death.

Mitchell and Everly (2003) emphasize the CISD model as a response system for the prevention and management of stress experience by emergency response personnel and one implemented through and with the support of their organizations. They note that the model is reported to be effective in reducing stress, returning workers rapidly to functioning after exposure to critical incidents, and at times as reducing symptomatology afterwards. Hokanson and Wirth (2000) generally believed that critical incidents can impact firefighters' psychological and emotional functioning, and such an impact can lead to unproductive job performance in subsequent emergency situations. Emergency managers are entrusted to protect the health and welfare of their most valuable asset: the personnel under their command.

The OFD has recognized its personnel as its most valuable asset. Several multicomponent programs that support firefighters well-being have been implemented by the OFD and City of Odessa. The programs routinely administered to firefighters include; health and wellness program, mandatory annual physicals (includes blood workup and x-rays), dedicated workout times, food nutrition course, weight-loss program, smoking cessation

program, citywide 24/7 state-of-the-art fitness facility, citywide minor medical healthcare facility, and citywide Employee Assistance Program (EAP).

CISM is an important safety program in a multi-program system that reflects a proactive role in supporting and protecting the mental health well-being of firefighters who have dedicated their lives to helping others. With the volume of emergency calls increasing yearly, OFD personnel will continue to be exposed to critical incidents. As discussed earlier, the effects of cumulative stress encountered in critical incidents could affect OFD personnel in many different ways which could lead to “burnout”, unemployment, PTSD, and even death. The best way to ensure that all OFD personnel minimize the negative effects of cumulative stress, as well as acquire the benefits of crisis intervention services, is for the OFD to provide its personnel with a CISM plan to aid in future critical incidents.

#### Recommendations

The recommendations based on the research provided is that management review and approve the new standard operating guideline that addresses a CISM plan (Appendix A) for the Odessa Fire Department. This research provided the most commonly used components of CISM plans used by other fire departments across the nation which were designed around Mitchell’s CISM model for conducting CISM interventions. Although the author developed a CISM guideline for the OFD, it is also recommended that this guideline should not be used exclusively for the mental health well-being for OFD personnel, but as well as incorporated into the other health and wellness programs provided to all personnel.

The fire service has a tendency to follow all safety procedures as set forth by NFPA standards. When management approves this new guideline, the OFD will join several other fire departments from across the nation which have established a Critical Incident Stress

Management (CISM) program that meets the requirements of Chapter 12 of NFPA 1500. The author has developed and customized a CISM plan for the OFD to aid with multicomponent crisis interventions and activation process that will help minimize critical incident stress found at critical incidents.

Hokanson and Wirth (2000) argue that the fire service has many procedures that are designed to protect the physical health of the personnel and are automatic (e.g. putting air bottles on during structure fires, wearing safety protection gear, etc.). These are not questioned by firefighters. Therefore, concern for their emotional and psychological health should also be automatic. It should not be left up to each individual firefighter to determine whether or not he or she needs to attend a debriefing.

Everly and Mitchell (1999) define as a comprehensive, integrative, multicomponent crisis intervention system. The author recommends a CISM plan for the OFD which includes:

- A plan purpose statement indicating management support;
- A plan objective;
- Examples of critical incidents that may result in a CISD Team notification;
- Activation/notification process required for crisis intervention services;
- Debriefing general format;
- Rules that outline participation and confidentiality during debriefing;
- CISM terminology and definitions;
- A Critical Incident Stress Debriefing plan.

Mitchell and Everly (2003) emphasize the CISD model as a response system for the prevention and management of stress experience by emergency response personnel and one implemented through and with the support of their organizations. They note that the model is

reported to be effective in reducing stress, returning workers rapidly to functioning after exposure to critical incidents, and at times as reducing symptomatology afterwards.

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## Appendix



# Fire Department Standard Operating Guidelines

**NAME / SUBJECT OF  
GUIDELINE**

**GUIDELINE  
NUMBER**

**REVISED ON**

Critical Incident Stress Management (CISM)

100.xx

DRAFT

**SECTION**

0100 - ADMINISTRATION

## **PURPOSE:**

The Critical Incident Stress Management (CISM) program, which is supported by management, is proactive by educating members of the Odessa Fire Department about stress response syndromes and stress management techniques, thereby preventing the development of psychological stress disorders. Critical Incident Stress Debriefing (CISD) is a team concept that utilizes a multi-dimensional approach through both a proactive and reactive format. The CISM program is also reactive by activating CISD Teams during a critical incident in order to provide emotional support and professional referrals for those impacted by the magnitude of events.

## **OBJECTIVE:**

To provide professional intervention immediately after major incidents in order to minimize stress related injury to Odessa Fire Department personnel. The task of the CISD team is to provide an organized approach to the management of stress responses for firefighters having been exposed to, or showing signs of, traumatic stress experienced in the line of duty. A critical incident can be any situation that causes firefighters to experience strong emotional reactions that have the potential to interfere with their ability to function at the scene or later.

## **INCIDENTS THAT MAY RESULT IN A CISD TEAM NOTIFICATION:**

- Line-of duty death / death at the workplace
- Serious line-of-duty / workplace injury
- Suicide of co-worker, friend, firefighter
- Multi-casualty incident / disaster
- Police shooting or injury or death to a civilian as a result of operational procedures / events with extreme threat
- Significant events involving children
- Victim relative or known to helper
- Prolonged incidents especially with loss
- Excessive media interest
- Any powerful event which overwhelms a person's usual ability to cope
- Repetitive horrible events
- Symbolic events
- Multiple events

- Events with personal meaning
- Threatening events

### **ACTIVATION/NOTIFICATION:**

Company Officers, Chief Officers, and Fire Chiefs of the Odessa Fire Department are responsible for identifying and recognizing significant incidents that may qualify for debriefing. When an incident is identified as a "Critical Incident", a request for debriefing consideration should be made as soon as possible as follows:

- Any Chief Officer may initiate the debriefing process. For serious events, this shall be done at the scene by having communications notify the CISD Coordinator.
- Company Officers, whose crew may have experienced a traumatic event, shall request the debriefing process by contacting any Chief Officer.
- Any member who feels a need for confidential debriefing shall contact the CISD Coordinator for proper assistance and referral, such as a counselor or EAP.

When activated, the incident will be evaluated for the amount of debriefing required. The specific debriefing services utilized will depend greatly upon how early the team is activated, and the nature of the incident. Notification shall be made through communications who will notify the CISD Coordinator. The CISD Coordinator will contact the Permian Basin CISM Team.

### **THE DEBRIEFING SHALL FOLLOW THIS GENERAL FORMAT:**

**Introductory Phase.** The peer leader introduces their self and describe the rules the debriefing, and emphasize the need confidentiality. The peer leader will introduce the counselor or other team members.

**Fact Phase.** The counselor will ask the participants to describe facts about themselves and their activities during the incident, as well as facts about the incident itself.

**Feeling Phase.** When enough information has been provided to make the incident vividly clear, the Counselor will encourage a sharing of feelings by all participants. The counselor should emphasize that all feelings, positive or negative, important or unimportant should be expressed and understood.

**Symptom Phase.** Participants are encouraged to describe their own experience with the Stress Response Syndrome.

**Teaching Phase.** The counselor provides the participants with an education about Stress Response Syndromes, with emphasis on how normal and natural such responses are for emergency service workers.

**The Re-entry Phase.** This phase seeks to wrap the briefings up, answer outstanding questions, and establish a plan of further actions. The counselor and the peer leader, advising personnel on how to seek further help if they need it, offer summary comments.

### **RULES DURING DEBRIEFING:**

- All statements, facts, opinions, and discussions made during the diffusing or debriefing shall be "Strictly Confidential".
- Attendance to a debriefing shall be VOLUNTARY, but strongly recommended, for all personnel who were directly exposed to the traumatic aspects of the incident.
- No one should be criticized for how they feel. Instead, they should be allowed free expression of feeling with acceptance, support, and understanding from each other.
- No recordings or notes are allowed.
- Personnel shall not leave debriefing once in progress.
- Critical incident debriefing is NOT a critique of Odessa Fire Department operations at the incident.
- No media coverage; Media shall be handled by the City of Odessa Public Information Officer.

### **DEFINITIONS:**

**Critical Incident Stress Debriefing (CISD):** An organized approach to supporting Emergency Service Personnel, who are involved in emergency operations under conditions of extreme stress in order to assist in mitigating long term emotional trauma syndromes.

**Critical Incident:** Any situation faced by emergency service personnel that causes them to experience unusually strong emotional reactions which have the potential to interfere with their ability to function either at the scene or later.

**CISD Coordinator:** Odessa Fire Department Coordinator or designated representative.

**Facilitator:** A mental health professional, who is trained in disaster psychology, crisis intervention, stress level assessment, and the use of the formal critical incident stress debriefing model.

**Peer Leader:** Representative from the Odessa Fire Department of any rank, who is trained and approved by the facilitator to assist with the CISD process.

**The Debriefing Team:** The debriefing team will consist of stress related counseling professionals from the Odessa Fire Department and Permian Basin CISM Team. The Fire Department member's role in the debriefing process will be to aid and support the professional counselors during the debriefing process. The counseling group will administer any follow-up care.

**Debriefing:** Critical incident debriefing is not a critique of Odessa Fire Department operations at the incident and performance issues will not be discussed during the debriefing. The debriefing process provides formats in which personnel can discuss their feelings and reactions, thus reducing the stress that results from exposure to critical incidents. All debriefings will be strictly confidential.

### **THE CRITICAL INCIDENT STRESS DEBRIEFING PLAN:**

Critical Incident Stress Debriefing shall begin with **ON-SCENE MANAGEMENT**. Minimizing personnel exposure to stressful incidents results in fewer stress related problems.

Commanders should reduce this exposure by rotating personnel and by removing initial respondents from the scene as soon as possible.

When appropriate, personnel should be sensitized to an incident. This means they need to be told what they will encounter. Rotation into an area should start with an area of lesser impact, then to the main area. Rotation away from the main area should be to an assignment of lesser impact, then to the rest area.

On-site evaluation and counseling by a CISD team member should be considered for some critical incidents when time and circumstances permit. In such situations debriefing members can observe, watch for acute reactions, provide support, encouragement, consolation, and be available to help resting personnel deal with stress reactions. Team members should be considered a resource available to command.

**Initial Diffusing (within 24hrs).** This may take place shortly (several hours) after the incident and will be facilitated by the Odessa Fire Department CISD members. This is an informal process encouraging an open, free expression of feelings without a critique of the incident or of the individual's responses. This shall provide educational information regarding normal responses to abnormal events.

**Formal Critical Incident Stress Debriefing (within 24-72hrs).** This debriefing shall be led by a trained traumatic Stress counselor and will be held after the conclusion of the incident. The Counselor will be an individual with a good background in group interactions and dynamics, with a working knowledge of stress response syndromes, and of the Odessa Fire Department operational procedures.

A follow-up debriefing performed several weeks or months after the critical incident, may be held if necessary. The main purpose of this debriefing is to resolve any issue or problems that were not initially resolved. The follow-up CISD may be performed with the entire group or a portion of the group.